

Health Care Providers Take Note:

Your patient has been prescribed Rifampin-Pyrazinamide for two months as their treatment for LTBI. CDC has recently revised their recommendations for the use of this regimen and the clinical monitoring that is indicated due to fatal and severe liver injuries associated with this regimen. Please review the following information carefully and ensure their medical provider is aware of these changes. **Face to face monitoring for medication side effects is crucial to quality patient care for anyone on treatment for LTBI.**

Recommendations:

1. Exercise **extreme caution** when using a rifampin and pyrazinamide (RIF-PZA) regimen in those who are currently taking **medications associated with liver injury** or in those with a **history of alcoholism**, even if alcohol consumption is stopped during treatment.
2. RIF-PZA is **NOT recommended** for persons with **underlying liver disease** or for those who have had an **INH-associated liver injury**.
3. **Deliver no more than 2 weeks of RIF-PZA at a time.**
4. Patients taking RIF-PZA should be **reassessed in person** by a health-care provider **at 2, 4, and 6 weeks of treatment for adherence, tolerance, and adverse effects**. (Note: The clinical condition of the person may indicate more frequent monitoring.) At each visit, health-care providers **conversant in the patient's language should instruct** the patient to stop taking RIF-PZA immediately and **seek medical consultation if abdominal pain, emesis, jaundice, or other hepatitis symptoms develop**. **Provider continuity is recommended for monitoring.**
5. **Serum aminotransferase (AST and/or ALT) and bilirubin should be measured at baseline and at 2, 4, and 6 weeks of treatment in patients taking RIF-PZA.**
6. **Treatment should be stopped** and not resumed for any of these findings: aminotransferase (AST or ALT) **greater than five times** the upper limit of normal range in an asymptomatic person, aminotransferase (AST or ALT) **greater than normal range when accompanied by symptoms of hepatitis**, or a serum **bilirubin greater than normal range**.
7. Patients taking RIF-PZA should be **reassessed in person at 8 weeks** to document treatment completion and clinical condition at the end of treatment.
(Over for information on related MMWR articles)

Recommended reading:

Update: Fatal and Severe Liver Injuries Associated with Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection, and Revisions in American Thoracic Society/CDC Recommendations - United States, 2001."

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5034a3.htm>

"Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection"

<http://www.cdc.gov/epp/mmwr/preview/mmwrhtml/rr4906a1.htm>

"Fatal and Severe Hepatitis Associated With Rifampin and Pyrazinamide for the Treatment of Latent Tuberculosis Infection - New York and Georgia, 2000 "

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5015a3.htm>